

HIV/AIDS-RELATED KNOWLEDGE AND ATTITUDES OF PREGNANT WOMEN IN DELTA STATE, NIGERIA.

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ABSTRACT

HIV/AIDS has become a global health challenge and, with no cure presently, prevention is the only available option in combating it.

The aim of the study was to determine the knowledge and attitudes of pregnant women towards HIV/AIDS. A total of 200 consecutive women coming for antenatal care had a structured interview about the risk factors for HIV/AIDS.

While most of the women (91%) were aware of HIV/AIDS, and that it could be transmitted sexually (95.6%) and through infected blood (57.7%), knowledge of its transmission through breast milk (36.8%) and mother-to-child (27.5%) was poor. Overall, 95.6% of the women would not want to stay in the same house with an AIDS patient and, 92.3% would not care for a relative with AIDS.

It is suggested that health talks, such as during antenatal visits, should focus on all the modes of transmission, prevention and treatment of HIV/AIDS.

Key words: HIV/AIDS, knowledge, attitude, Nigerian women.

INTRODUCTION

The prevalence of HIV/AIDS is more in Sub-Saharan Africa than any other region of the world^{1,2}. With no specific cure for AIDS and no developed vaccines, preventive measures based on information and education programmes remain the mainstay for tackling HIV/AIDS and its associated complications⁴. This has been so with

many governments and non-governmental organisations in most developing countries including Nigeria, through the print and electronic media. But participation of the community in the prevention of HIV/AIDS can be planned and better achieved after a good understanding of their knowledge and attitudes to HIV/AIDS. Thus, this study conducted to assess the levels of knowledge and the perception of the risks of HIV/AIDS infection of pregnant women, resident in Warri, Delta State of Nigeria could facilitate prevention activities pertinent to the control of the disease.

MATERIALS AND METHODS

Consecutive patient recruitment method was used in selecting the subjects.

A minimum sample size of 73 was calculated using the formula⁹:

$N = Z^2 \frac{1 - a(P)(1 - P)}{d^2}$, where

N = minimum sample size at 95% confidence level.

Z 1- a = 1.96

d = precision: the difference between the true population rate and your sample rate that you can tolerate.

P = Population Prevalence

A study conducted in Calabar¹⁰ reported that 95.2% of the pregnant women studied had knowledge of HIV/AIDS. So 95% was used as prevalence for this calculation.

Therefore, from the above,

$N = (1.96)^2 (0.95)(0.05) / (0.05)^2 = 73$.

Consecutive pregnant women (N= 200) who came to register for antenatal care in

Central Hospital, Warri, Delta State, Nigeria between 1st of February and 31st March 2009 were recruited for this study. The study was explained to them and the importance of confidentiality was emphasised. Informed consent was obtained and they were then interviewed with the help of a pre-coded questionnaire. The socio-demographic characteristics of these women were noted. Their knowledge of HIV/AIDS was assessed, so also was their attitudes

towards HIV/AIDS and HIV/AIDS patients.

RESULTS

A total of 200 pregnant women responded, giving a response rate of 83.3%. Majority of them were within the age range of 25 to 29 years (48.6%), were in monogamous marriage (78.0%), were educated (95.8%), and were either civil servants (38.7%) or students (21.8%). Most of them were Christians (79.3%) and were of parity 0 – 4 (22.4%).

Table I: RESPONDENTS' AWARENESS STATUS (N= 200)

Have you ever heard about HIV/AIDS?	Frequency (%)
Yes	182 (91)
No	18 (9)
Total	200 (100)

Majority of the women (91%) were aware of HIV/AIDS (**Table I**).

Table II: RESPONDENTS' KNOWLEDGE OF HIV/AIDS' MODES OF TRANSMISSION (N= 182)

What are the modes of transmission of HIV / AIDS?	Frequency (%)
Sexual intercourse with infected person	174 (95.6)
Transfusion of infected blood	105 (57.7)
Mother-to-baby in-utero and delivery process	50 (27.5)
Breast feeding	67 (36.8)
Sharing razor blade and injection needles	68 (36.8)
Sharing plates and spoons with AIDS patients	63 (34.6)
Shaking hands with AIDS patients	30 (16.5)

Out of which, 95.6% and 57.7% of them correctly mentioned sexual intercourse with infected person and transfusion of infected blood, respectively, as probable modes of HIV transmission (**Table II**). However, only 27.5% of them attributed its transmission to transplacental route/delivery process and, only 36.8% each

knew that the disease can be transmitted through breast feeding and sharing infected razor blade/injection needles respectively. Erroneous modes of HIV transmission suggested by some of the women were sharing plates and spoons (34.6%) and shaking hands (16.5%), with HIV/AIDS patients.

Table III: RESPONDENTS' KNOWLEDGE OF THE POSSIBLE HEALTHY APPEARANCE OF SOME HIV- INFECTED INDIVIDUALS (N = 182)

Can HIV-infected person still look healthy?	Frequency (%)
Yes	115 (63.2)
No	67 (36.8)
Total	182 (100)

Majority of the women (63.2%) knew that HIV infection could be asymptomatic (**Table III**).

Table IV: RESPONDENTS' KNOWLEDGE OF HIV/AIDS' CURE (N=182)

Do you believe there is a cure for AIDS?	Frequency (%)
Yes	66 (36.3)
No	115 (63.7)
Total	182 (100)

Majority of the women 63.7% knew that there is no cure for it as of now (**Table IV**).

Table V: RESPONDENTS' KNOWLEDGE OF HIV/AIDS' PREVENTION (N=182)

What are the ways of preventing HIV/AIDS?	Frequency (%)
Use of condoms	150 (82.4)
Avoiding indiscriminate sex	170 (93.4)
Avoiding breastfeeding by HIV infected mothers	52 (28.6)
HIV-infected pregnant women taking anti-viral drugs	35 (19.2)
Screening blood before transfusion	135 (74.2)
Not sharing razor blade and injection needles	60 (33.0)
Not sharing plates and spoons with HIV/AIDS patient	64 (35.2)
Not shaking hands with HIV / AIDS patient	43 (23.6)

The use of condoms, avoiding indiscriminate sex and screening of blood before transfusion as means of preventing HIV transmission were mentioned by 82.4%, 93.4% and 74.2% of the respondents, respectively (**Tab. V**). However, only 28.6%, 19.2% and 33.0%, respectively, knew that avoiding breastfeeding by HIV infected mothers,

HIV-infected pregnant women taking anti-viral drugs and not sharing razor blade/injection needles can prevent HIV transmission; and 35.2% and 23.6% of the women erroneously believed that not sharing plates/spoons and not shaking hands, respectively, with HIV/AIDS patients can prevent HIV transmission (**Tab. V**).

Majority (92.3%) of the respondents believed there is HIV/AIDS but only 45.1% of them would accept to be screened for HIV. Major reasons given being the stigma attached to HIV/AIDS (96.8%), absence of a cure for the disease (87.9%) and consequent emotional problems (87.9%). Ninety-five point six percent (95.6%) of the respondents confessed that they would not want to live in the same house with an AIDS patient and, 92.3% would not take care of even a relation who has AIDS.

DISCUSSION

Pregnant women were used as the reference population in this study because of the major socio-educational role they play in any given community⁵; and the assessment of their level of information could aid correction of misconceptions and facilitate the involvement of these women as a potential target audience in future prevention programmes.

This study shows that most of the women (91%) were aware of HIV/AIDS (**Tab. II**). This is comparable to the 95% reported from Calabar¹⁰. But awareness does not equate to understanding and accepting the modes of transmission, prevention and treatment of HIV/AIDS. Although most of the women knew that having sexual intercourse with infected person (95.6%) and being transfused with contaminated blood (57.7%) can transmit the disease, only few of them are aware of the place of sharing razor blade/injection needles (37.4%), breast feeding (36.8%) and mother-to-child in-utero/delivery process (27.5%) in HIV transmission (**Tab. II**). This becomes worrisome as poorly sterilized or unsterilized instruments for umbilical-cord cuttings, circumcisions and ritual

scarrifications are still commonly used in our communities, especially in the rural areas. Also most of the paediatric HIV infections are contracted through vertical transmission². About 36.8% of the women did not know that HIV infected persons can still look healthy (**Tab. III**). This is comparable to other studies^{1,6}, where less than 40% of their respondents did not know that HIV infected individuals can still look healthy. This asymptomatic period (from when HIV was contracted to the first symptoms of AIDS) is a crucial one for the spread of the epidemic in most infected persons. The belief of 36.3% of the respondents that there is a cure for AIDS (**Tab. IV**) could be due to the false claims of a cure, for the disease, by alternative medicine practitioners in the country. This is capable of impeding preventive measures against HIV/AIDS. For one, AIDS patients may stop taking their drugs as soon as symptomatic relief is obtained, secondly, some may be lured by these alternative medicine practitioners and thirdly, it can embolden the general public to relax their positive attitudes towards safe sex⁴.

Only few of the women knew that avoiding breast feeding by HIV positive mothers (28.6%) and HIV positive pregnant women taking anti-viral drugs (19.2%) can prevent HIV transmission from mother to child (**Tab. V**); and it is comparable to other studies^{1,6,8}, where less than 30% of studied women had knowledge of obstetric HIV transmission.. This aspect of HIV transmission/prevention, therefore, should be emphasised during HIV/AIDS education campaigns. The focus should not only be on the hetero-sexual and blood transfusion means.

Although majority (92.3%) of the women believe there is HIV/AIDS, only

45.1% would accept screening for the virus. Major reasons given for this negative attitude was the fear of living with a disease that has no cure (if result comes out positive) and, the stigma attached to HIV/AIDS in our society⁷. This is reflected in this study where despite the women's knowledge of HIV/AIDS, 95.6% of them would not want to live in the same house with an AIDS patient and, 92.3% would not take care of even a relation who has AIDS. This finding tend to be at variance with the notion that a high information status would automatically induce positive changes in behaviour³, including stigmatising behaviour. These findings become important when it is remembered that home-based care not only reduces time, transport and financial costs involved with hospital admissions, it also provides psycho-social well-being for the afflicted⁷. Furthermore, the erroneous HIV-prevention belief of some of the women – not sharing feeding utensils, such as plates/spoons (35.2%) and not having close contact, such as shaking hands (23.6%) with HIV/AIDS patients – is also a form of stigmatisation (social). Stigmatisation can lead to people not willing to get tested for HIV or disclose their positive HIV status, to be afraid or unwilling to engage in safe sexual practices and sadly, can prevent many people with AIDS in seeking care and treatment.

CONCLUSION

The present education/campaign programmes against HIV/AIDS should be optimised by focusing on all facets of HIV's modes of transmission (including mother-to-child and breastfeeding routes), prevention (such as HIV-positive pregnant women being on antiretroviral

drugs and HIV-positive mothers avoiding breast feeding) and, treatment (no cure presently, patients should be on drugs for life). This, hopefully, will enable the public to have informed knowledge of the disease which will be of benefit, in positively changing their stigmatisation attitudes towards HIV/AIDS individuals.

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REFERENCES

1. Takyi BK. AIDS-related knowledge and risks and contraceptive practices in Ghana: the early 1990s. *Afr J Reprod Health* 2000; 4:13-27
2. Muula AS. Tackling HIV/AIDS in Africa– another perspective. *Afr. Hlth.* 2000; 23: 5- 6
3. UNAIDS. Report on the Global HIV/AIDS. Epidemic 2002. Geneva: UNAIDS, 2002: 208. <http://www.unaids.org>. Date accessed: 5 /4 / 2009.
4. Evelyn UI, Osafo O. Sexual behaviour and perception of AIDS among adolescent girls in Benin-city, Nigeria. *Afr J Reprod Health.* 1999; 3:39-44.
5. Reports on Population Council Research. Female Genital Mutilation: Common, Controversial, and Bad for Women's Health. Population Briefs. Spring 1997; 3(2): pp 1 & 8.
6. Zoguereh DD, Milleliri JM, Lemardeley P, Boumah AJ. Assessement of information status,

- behaviours and perception of risk of AIDS in rural Gabon. *Trop. Doc.* 2004; 34:157-9.
7. Donald de Korte, Fiona Percy – de Korte. HIV- related stigma and discrimination in the era of universal access to ARV treatment. *Afr. Health.* 2005; 27(6):11-12.
 8. Desclaux A. Dix ans de recherches en sciences sociales sur le SIDA au Burkina Faso. Elements pour la prevention. *Sante* 1997; 7:127-34.
 9. Oyejide C. O. Health Research methods for Developing Country Scientists. Codat Publications, Ibadan, Nigeria 1992; P. 59 -63.
 10. Etuk SJ, Ekanem EI. Impact of mass media campaigns on the knowledge and attitudes of pregnant Nigerian women towards HIV/AIDS. *Trop. Doct.* 2005; 35: 101-2.